

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33091

State File No.

FILED OCT 23 1956

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 5084 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD Butler- Elkhart Twp. 60Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RFD Butler Mo. Elkhart Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION RFD #3 Butler Missouri		d. STREET ADDRESS (If rural, give location) Rt 3 Butler Mo. 0070	

3. NAME OF DECEASED (Type or Print)	a. (First) Chauncey	b. (Middle) Ervin	c. (Last) Fritts	4. DATE OF DEATH (Month) (Day) (Year) Oct. 12 1956
-------------------------------------	----------------------------	--------------------------	-------------------------	---

5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan 3 1889	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	------------------------------------	---	------------------------	-----------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (State or foreign country) Nebraska	12. CITIZEN OF WHAT COUNTRY? USA
---	--	---	---

13a. FATHER'S NAME Perry Fritts	13b. MOTHER'S MAIDEN NAME Lucinda Baughman	14. NAME OF HUSBAND OR WIFE Ruth Fritts
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruth Fritts Butler Rt 3 Mo.
--	-------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH minutes
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis - instantaneously		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary disease DUE TO (c) Residual Typhoid		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. upper Resp. Infection			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Bates Mo.
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from Oct 10 1956 to Oct 11 1956, that I last saw the deceased alive on Oct 10 1956, and that death occurred at 4:20 PM from the causes and on the date stated above.

23a. SIGNATURE (Name or title) Charles A. Kuehn Jr. M.D.	23b. ADDRESS Butler Missouri	23c. DATE SIGNED Oct. 13 56
---	-------------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 14 56	24c. NAME OF CEMETERY OR CREMATORY Crescent Hill	24d. LOCATION (City, town, or county) (State) Adrian, Bates Co Mo
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. Oct 13 56	REGISTRAR'S SIGNATURE Randall Kerney	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culver Underwood-Butler Mo.
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

7-0

DEC 12 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John H. Underwood

Licensed Embalmer No. *3585*

P. O. Address *Butler Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.